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ABSTRACT

In 1995, Project Adventure began a 12-bed, 10-month residential program called Legacy, which uses adventure-based counseling and treatment with juvenile sex offenders in Georgia. Clients must pass through a four-level system for successful completion of the program. Passing to a higher level is contingent on following the behavioral norms in the Full Value Contract. Numerous experiential activities, including camping, low and high ropes courses, initiative games, art and family therapy, and journal and workbook writing, are combined with individual and group counseling and extensive use of the peer group to reward good behavior or give consequences for bad behavior. The client's ability to commit to and carry out goals is key to moving on to a higher level. One week per month is spent camping, which provides time to practice problem solving and cooperation skills learned in the program. The transition of outdoor living skills to daily living skills at home is a successful component of the program. A battery of psychological instruments are administered upon admittance, with followup evaluations at 4, 8, and 12 months. The program has served 24 clients, all male, with an average age of 14.4 years. Of the 12 that have exited the program, 7 exited in an unplanned manner, but none of the 5 who completed the program have re-offended sexually. Six tables present program levels, the Full Value Contract, a schedule of a typical week in the first month, consequences in the program, demographics of participants, and scores on selected measures. (TD)

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Working With Those Who Hurt Others: Adventure Therapy with Juvenile Sexual Perpetrators

By Cindy A. Simpson, Ed.S., & H.L. "Lee" Gillis, Ph.D.

Introduction

During the past 20 years, society's attitudes toward the sexual behavior of adolescent males have changed. The view that 'boys will be boys' in their attempts to act out sexually was once viewed as a normal part of growing up male. As data on sexual acting out among adolescent males began to be noticed, theoreticians lumped the sexual behavior in with other common problems of youth, including conduct disorder, oppositional defiant disorder, and substance abuse. Recently there has been an increased recognition of a growth in the incidence of aggressive sexual acting out by adolescents. This recognition has included the fact that a large portion of all sexual offenses are attributable to adolescents and that many adult sexual perpetrators began as adolescents. This has led researchers and practitioners to investigate effective ways of working with these youth (Barbaree, Hudson, Seto, 1993).

The legal system's response to juvenile sex offenders has been difficult. There is an awareness that these young men need treatment and will not benefit from being "tried as an adult" and treated like an adult. Even though their offenses are similar to adult sex offenders who engage in child molestation, rape and other sexual behaviors that are against the law in most jurisdictions, there is a recognition that adolescents are different then adults (Bala & Scwartz, 1993).

Diversion programs that offer alternatives to incarceration are common in many jurisdictions in North America. Such programs attempt to offer treatment to adolescents instead of a strictly punitive response to the adolescent's behavior. From one perspective, diversion programs or alternative to corrections programs could be seen as the birth of adventure therapy in the USA. Kelly & Baer (1971) modified Outward Bound program for adjudicated youth paved the way for numerous programs for juvenile offenders and at-risk youth. Project Adventure, Inc. began work with adjudicated youth in the 1970s which is highlighted in *Islands of Healing* (Schoel, Prouty, & Radcliffe, 1988).

Since the publication of *Islands*, Project Adventure's Covington Georgia office has grown in its direct service to youth in need. Islands documented the beginning of the original 6-week Challenge program for adjudicated youth. Choices began in 1991 to offer

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a 16-week program for adjudicated youth with alcohol and drug issues (Gillis & Simpson, 1991, 1994). Combined with the Challenge program, Choices added to Project Adventure's understanding of how adventure based counseling and treatment of adjudicated youth could be combined successfully to promote long term change. (Gillis, Simpson, & Smith, 1995).

In 1995, Project Adventure was asked by the Department of Children and Youth Services of the State of Georgia, USA to develop a longer-term program for juvenile sex offenders. This request came from the reputation Project Adventure had developed for successfully working with difficult youth. Thus, Project Adventure began Legacy, a 12 bed, and 10-month (minimum) residential program for juvenile sex offenders in October 1995. This article will briefly summarize the program components and highlight evaluation results.

Program components

Goals. Legacy's goals can be summed up simply from breaking the name into the following acronym: *L*earning *E*mpathy, *G*aining *A*cceptance, and *C*hanging *Y*ourself. The belief of Project Adventure, supported by research literature, is that a key to ultimately changing sexual acting out behavior is developing victim empathy. Attacking the themes which the juvenile sex offender brings to the program: power and control of others and secrecy (Goocher, 1994) are initial avenues that must be addressed if lasting change is to be possible. In sum, the goals of Legacy are as follows:

- To change sexually inappropriate behavior
- To foster sexually appropriate behaviors
- To become responsible for one's behavior
- To develop equal relationships rather than ones based on power and control over another
- To foster the development of self-control
- To develop healthy and appropriate roles and social socialization skills

Levels. Project Adventure, like many correctional programs for juveniles, developed a level system for clients to pass through in order to successfully complete the program. The levels and their corresponding treatment aspects are listed in Table 1.

In order to pass to a higher level, clients must present themselves to the treatment team and make a request to move higher. The move to the next level has several contingencies, not the least of which is the client's ability to keep their behavior in check by following the Full Value Contract.

Full Value Contract. The use of Project Adventure's Full Value Contract (FVC) (Schoel, et. al, 1988) is at the core of Legacy's work with juvenile sex offenders. The contract has been operationalized into a set of behavioral norms that are summarized in the following way: Be Here, Be Safe, Commit to Goals, Be Honest and Respectful, and Let Go and Move On. These five behavioral norms are incorporated into the level system, which all legacy clients pass through in order to successfully transition from Project Adventure's residential program to the 8-month aftercare program. The specific points of the FVC as they apply to each level are listed in Table 2.

Table 1
Levels of Program

Level One The Foundation	Level Two Treatment	Level Three Academics	Level Four Transition
Gathering information group and individuals	Applying feedback skills	GED - preparation / passing, JTPA, SAT, and/or attending public school	Developing employment prospects or school attendance plan
Awareness of behaviors (others & own)	Exploring empathy through treatment scenarios	Exploring career skills	Developing a detailed relapse prevention
Developing trust in a safe place	Developing goals for controlling behavior	Learning life skills	Increasing use of home passes
Learning to be success oriented	Identifying trigger points	Increasing social skills	Developing aftercare plan with CSW & family
Learning about denial of past behaviors	Engaging in honest disclosure	Engaging in community service	Dating / relationship skills - role playing
Taking responsibility for behavior	Confronting Specifics of offense(s)	Learning about family planning	Initiating a date - learning to ask
Learning the group process	Developing insight on behaviors	Achieving a home pass	
T-charting (looks like, feels like, sounds like)	Confronting denial	Learning about relapse prevention	Individual work with a victim or victim's group.
Learning feedback skills	In depth family work		
Understanding their family's role in the program			
Understanding and practicing The Full Value Contract			

Table 2.
The Full Value Contract

Legacy ;s Full Value Contract	Level One The Foundation	Level Two Treatment	Level Three Academics	Level Four Transition
Be Here (Be present, be aware, participate, stay in the moment - in the here & now.)	I will remain in the building, on the grounds, or in the placement home unless receiving staff approval to be elsewhere. I will not go into anyone else's rooms, shelter, tent. I will attend and be on time for all scheduled or announced program functions. I will attend all meals at prescribed times and only have food in designated areas. I will wear appropriate clothing at all times (i.e. pajamas, T-shirts, shirts, shoes) when outside room or tent. I will not wear hats indoors. I will not violate any Federal, State, or Municipal laws. I will not run away from the program and will remain until its completion. My counselors will know my whereabouts at all times. I will confront others on their behavior and accept confrontation regarding my behavior.	I call and run group (with minimal staff intervention). I demonstrate consistent positive behaviors. I meet all the Level One (FOUNDATION) criteria for Be Here.	I attend 12-step meetings as directed. I participate in an academic program as directed.; I participate in community service as directed.; I meet all the Level One and Level Two(FOUNDATION, TREATMENT) criteria for Be Here.;	I continue attending 12 step meetings. I meet all the Level One - Three (FOUNDATION, TREATMENT, ACADEMICS) criteria for Be Here.

Be Safe (Physically, Emotionally, Environmentally, Psychologically - be aware of your surroundings.)	I will not have any sexual contact, however casual, including masturbation. I will not use or possess any mood altering substances or paraphernalia. I will not physically strike, nor be physically or verbally abusive with others, this includes intimidation I will not smoke. I will not mutilate anyone or myself by tattooing, piercing, or cutting (including hair). I will keep my room, group, and tent areas in order. I will not wear jewelry. I will participate in all aspects of the LEGACY Program. I will complete all aspects of the LEGACY program. I will take urine/blood tests as required by program staff. I will confront others on their behavior and accept confrontation regarding my behavior.	I set appropriate boundaries regarding disclosure of past behaviors. I meet all the Level One (FOUNDATION) criteria for Be Safe.	I arrange and successfully complete one home pass. I develop healthy / safe boundaries with myself, my family, and others.; I have acquired comprehensive knowledge of safe sexual behavior, including birth control, AIDS awareness, and sexually transmitted diseases.; I meet all the Level One and Level Two(FOUNDATION, TREATMENT) criteria for Be Safe.	I am implementing a Relapse Prevention Plan. I am able to practice appropriate boundary setting with my family, others, and myself. I meet all the Level One - Three (FOUNDATION, TREATMENT, ACADEMICS) criteria for Be Safe.

Commit To Goals (Know your group and personal goal(s); Make short and long term goals.)	I will contribute to and participate in the formulation of my own treatment plan. I will work toward attainment of treatment goals. I will confront others on their behavior and accept confrontation regarding my behavior.	I have developed a treatment plan that addresses: 1. My Self (forgiveness of self & others, social skills, life skills, academics, future plans) 2. My family 3. My victim(s). I meet all the Level One (FOUNDATION) criteria for Commit to Goals.	I set daily goals consistent with my treatment plan. I complete required school work consistent with my treatment plan.; I am developing a treatment plan for Level Four--transition--regarding school, work, and living arrangements) ; I am developing a relapse prevention plan.; I am making direct amends to people I have harmed whenever possible, except when to do so would injure them or others.; I meet all the Level One and Level Two(FOUNDATION, TREATMENT) criteria for Commit to Goals.;	I am developing platonic relationships. I am continuing my education and employment plan. I meet all the Level One - Three (FOUNDATION, TREATMENT, and ACADEMICS) criteria for Commit to Goals.

Be Honest and Respectful (Speak the truth - give and receive feedback; principles before personality)	I will be kind and I will be honest. I will treat everyone with respect, using appropriate language and tone of voice in the presence of others. I will respect the rights, privacy, and confidentiality of other clients. I will respect and care for the personal effects, and possessions of others, as well as property of this facility. I will confront others on their behavior and accept confrontation regarding my behavior.	I honestly disclose my past behavior by writing my life story. I have identified people whom I have harmed by my past behavior. I give honest and tactful feedback. I know why I'm giving feedback--I know my motive. I am able to accurately express another's point of view. I meet all the Level One (FOUNDATION) criteria for Be honest and respectful.	I am preparing myself to present my Life Story to a victims group.; I admit to my higher power, to myself, and to another human being the exact nature of my wrongs.; I am developing empathy for my victim(s).; I meet all the Level One and Level Two(FOUNDATION, TREATMENT) criteria for Let Go and Move On	I consistently show respect to others, especially those closest to me. I meet all the Level One - Three (FOUNDATION, TREATMENT, ACADEMICS) criteria for Be Honest and Respectful.
Let Go and Move On (Let go & let your higher power; Deal with your issues, don't run away)	I will not wear clothing that promotes drug use, violence, or death. I will not romanticize my past negative behavior. I will confront others on their behavior and accept confrontation regarding my behavior.	I listen to and receive feedback. I accept consequences gracefully. I develop appropriate ways to manage my anger. I made a decision to turn my will and my life over to the care of my higher power. I meet all the Level One (FOUNDATION) criteria for Let Go and Move On.	I am resolving my resentments. I express shame and guilt for my past behaviors appropriately.; I am ready to have my higher power remove all my defects of character.; I humbly ask my higher power to remove all of my shortcomings.; I meet all the Level One and Level Two(FOUNDATION, TREATMENT) criteria for Let Go and Move On.	I have a written action plan for going home or into Independent Living. I week self-forgiveness through this program, the Twelve Steps, and my Higher Power. I meet all the Level One - Three (FOUNDATION, TREATMENT, and ACADEMICS) criteria for Let Go and Move On.

Specific program components. The program began in October 1995 and the frist few weeks were consistent and focused around similar themes. As the program has grown and clients have come into the program and clients have moved to higher levels and exited the program, the program does not have the same flow as it did when Legacy began. A typical week during the first month of Legacy is summarized in the Table 3.

Table 3.
Program Schedule

FOCUS ON AWARENESS, BEHAVIOR & EMPATHY	
Monday	
9:00 - 10:00	Morning meditation: Visualization, reading, music - homework & goal check in, Aerobic "wake up" activity
10:00 - 12:00	Define and discuss terms: Awareness, Behavior, & Empathy Get kids to describe times they felt empathy for someone/ thing.
12:00 - 12:30	Lunch
12:30 - 1:00	Journal
1:00 - 2:00	Initiative Problems focus brief/debrief on awareness, behavior & empathy
2:00 - 3:00	Video "Why God? - Why Me?" Brief / debrief w/ emphasis on awareness, behavior, & empathy; Debrief in 2 small groups; focus on individual feelings, thoughts and learnings relating to their life; then ask the small group what are the 3 most important thoughts, learnings or feelings from the film. Ask some one in the small group to present these 3 to the other small group (each person in the small group should have an opportunity to be the presenter at some time when this approach is used, in other words make sure they take turns presenting from one activity to another)
3:00 - 4:00	Storybook time: focus on emphasis on awareness, behavior, & empathy (2 small groups) each group to focus on their individual feelings and learnings and then decide the 3 key learnings of the small group to be presented to the other small group
4:00 - 5:00	Daily workbook (2 small groups) check out (Large group)
Tuesday	
9:00- 12:00	Academics. Will start with morning meditation of some sort, followed by short aerobic activity, before starting school.
12:00-12:30	Lunch
12:30 - 1:00	Journal
1:00 - 4:00	All Individual sessions
1:00 - 4:00	Fun Activities, Triangular Tension Traverse, Wild Woosey Music Therapy
4:00 - 5:00	Daily workbook (2 small groups) Check out (large Group)
Wednesday	
9:00 - 10:00	Morning meditation: Visualization, reading, music - homework & goal review /check in Aerobic "wake up" activity
10:00 - 12:00	Discuss and define Empathy (large group) look at times an individual has felt empathy for another person in the past, describe this time/situation, What did you do about the feelings and or situation?(2 small groups) High element: Dangle Duo (focus on empathy)
12:00-12:30	Lunch
12:30 - 1:00	Journal
1:00 - 4:00	Continue with Dangle Duo Debrief the Dangle Duo
4:00 - 5:00	Daily workbook (2 small groups) Check out (large group)
Thursday	
9:00 - 12:00	Treatment Team Meeting
9:00 - 9:30	Morning meditation: Visualization, reading, music - goal check in Aerobic "wake up" activity
9:30 - 11:00	Values Clarification
11:00 - 12:00	Lee's group
12:00 - 12:30	Lunch
12:30 - 1:00	Journal
1:00 - 4:00	Video: Brian's Song; (watch in large Group) debrief (2 small groups) small groups discuss feelings of empathy for individuals in the movie, Why they have empathy for the individual in the movie - Have they felt this type of empathy for another person in their lives, who and why? around empathy towards their victim at this point

4:00 -5:00	Daily Workbook (we may not get to this - do in 2 small groups) Check out (large group)Points
Friday,	
9:00 - 10:00	Morning meditation: Visualization, reading, music - goal check in Aerobic "wake up" activity
10:00 - 11:00	Trolleys
12:00 - 12:30	Lunch
12:30 - 1:00	Journal
1:00 - 2:00	Art Therapy - Collages that show / describe empathy
2:00 - 4:00	Family Discussion: Is there anyone in your family you have empathy for? Why? All Aboard - each person has something different (of different sizes) to hold, items could be related to the role they play in their family
4:00 - 5:00	Daily Workbook (2 small groups) Check out clothing list for week 5 - backpacking

Notice the use of numerous experiential therapies during this week. In addition to the use of the low and high ropes course and initiative games, the Legacy clients watch videos related to their treatment goals, utilize art therapy and family therapy techniques in addition to journaling and workbook writing. These techniques are combined with individual and group counseling as well as the extensive use of the peer group in order to reward and consequence behavior.

Group. Central too much of Project Adventure's work with adolescents is the use of the peer group. "Group" can be heard with much frequency all though a program at Project Adventure, and Legacy is no exception. Group is used in a formal, structured way for clients and staff to confront behavior, express feelings or consequence the breaking of behavioral rules.

The group process follows a model of "control to empowerment" that begins with staff modeling the democratic process of speaking in turn and voting for consequences. Staff also tech the concepts of logical and natural consequences that are meant to 'fit' the behavioral infraction and serve as a learning process.

Many of Project Adventure's consequences have physical representations that are designed to serve as reminders to the client of what they have done. Some examples of consequences used in Legacy are listed in Table 4.

The 'control to empowerment' philosophy uses modeling by staff to give over the control of the group to the clients (always under staff's supervision). In the open group philosophy of Legacy (as opposed to other Project Adventure direct service groups that begin and end at specific times), group members at higher levels have had much experience in conducting group. Newer clients often have group called on them at a much higher frequency than higher level clients; however even the higher level clients can become lackadaisical and out of focus necessitating a group member (or staff) to 'call group' on them.

It should be repeated that not all groups are consequence groups and, in fact, the group will vote as to whether a consequence is needed. An additional use of group that has been very appropriate for Legacy is to talk of feelings. As clients become aware of their cycles of sexual behavior, they will often call feelings groups in order to discuss with their peers what they are aware of and ask for the group's feedback on what they should do. These feeling groups in combination with consequence groups are core processes in the treatment program of Legacy. Peer group's power to change behavior

and the use of receiving consequences from peers as a basis from which to experience empathy is key to the treatment process of changing behaviors.

Table 4
Consequences in Program.

Full Value	Type of Consequence	Logical Meaning of Consequence
Being here	Badge	Acting like Junior staff
Being here	Microphone	For singing all the time
Being here	Pocket book	Boys who pay inappropriate attention to girls
Being here	Tape recorder or Video tape	For someone who repeats themselves or contradicts what they've said earlier
Being here	Worry strings or dolls	For those who are constantly in motion and need something to occupy their time
Being Safe	Baby bottle & pacifier	Childish behavior; spoiled or immature
Being Safe	Mask/Glasses	Hiding behaviors; not being honest with self; masking true feelings by acting silly or acting out
Being Safe	Nose/ storybook	Lying
Being Safe	Thinking Cap (shower cap/hat)	Forgetfulness (responsibility); not thinking before they speak
Commit to goals	Big Card for listing of consequences	For losing consequence card
Being Honest and Respectful	Signs	Responsibility; devaluing; putting a label to public as a reminder of issue "I will not steal snacks" I will stay focused; I will not raise my voice during group;
Being Honest and Respectful	Bandanna over the mouth	Inappropriate talk (cursing); romancing past behavior; talking too much
Being Honest and Respectful	Mirror	To be held in front of own face when giving feedback; for those clients who tell others things that they themselves need to hear
Letting Go	Brick (Cement block)	Refusing to let go of a bad behavior
Letting Go	Pot (Tin Can)	Pity pot - feeling sorry for self

Goal setting. Much of the group work from day to day and week to week centers on the client's goals while they are in the program. The client's ability to commit to and carry out goals in several areas is key to his ability to move to a higher level, to earn enough points for a weekend privilege and to ultimately achieve success in the program.

Legacy uses goal sheets for each level that are filled out weekly by clients, in conjunction with their primary counselor. The following are goals for levels 2 and 3. Under each goal that is written out, the client describes what the goal will *look like* when he is doing it, what he will *sound like* when working on the goal, what he will *feel like* when working on the goal, and what he will gain from completing each goal. Goal phrases on the client's goal sheets begin as follows:

- My overall behavior goal for this week is to
- My goal for school this week is to
- My goal for home for this week is to
- My goal in treatment for this week is to

Level 1 clients begin with only a behavioral goal. Level 4 clients have an additional goal of preparing for transition from the program to home. Goals are monitored daily and clients are awarded points for their ability to follow their goals each Thursday evening. If

the client 'makes points' he will not have work detail during the weekend, but instead has earned the right to a privilege (movie, video game etc.).

Adventure aspects of Legacy. One week each month is spent camping. The remainder of the time clients live in homes where they must complete household chores and prepare their meals. The transition of outdoor living skills to skills of daily living in a home is a core belief of Project Adventure's direct service programs that has proven successful.

Camping out one week per month is usually done on the property of the Covington facility. However, clients also will travel to the coast or the mountains of Georgia for more extensive backpacking or climbing trips. The trips provide a time for the groups to practice the problem solving and cooperation skills they have learned through the Legacy program.

Adventure activities on the low and high ropes course are utilized for recreational, educational, and therapeutic purposes. Initiatives often are linked to specific treatment goals such as maintaining appropriate boundaries, touching appropriately, body awareness, and following directions. The full range of adventure activities described in Project Adventure's publications and catalogs are available to Legacy clients as they are involved in treatment on the same site as workshop training takes place.

Referral Process. Steps in the referral process for a client's court service worker to refer him to Legacy are described below:

- Call and discuss referral with the program director of Legacy.
- Send referral packet to the program director of Legacy. Packets should include: Social History, All criminal offenses, Any and all available Psychological information, Medical History, Treatment History if any, order of commitment, classification profile, birth certificate, Medicaid card if available, school transcript
- Interview scheduled by the program director of Legacy
- Client accepted or rejected for placement by treatment team
- Coordination of placement with district coordinator of Specialized Residential Services for funding, Department of Children and Youth Services, State of Georgia, USA

After acceptance and before placement into Legacy, clients must provide the following information:

- Proof of Medicaid or health insurance, Medicaid applied for
- Complete Physical within one year of entry into LEGACY
- Clients currently on medication need to have a minimum of one-month supply upon date of placement.

Program Evaluation

Each client who is accepted into Legacy goes through an extensive interview with staff and with a consulting psychologist. From this interview, mental status in determined and a diagnosis is rendered. The results of the interview combined with previous psychological recommendations and consultation with the court service worker result in the development of an individualized treatment plan. This plan closely follows the full value contract mentioned earlier and details behaviors the client must follow in order to successfully complete the program.

Clients are also administered a battery of psychological instruments at the beginning and throughout the program in order to monitor their progress. Results of these evaluations to date along with demographics of the client group are presented below.

Demographics: To date, Legacy has served 24 clients. All of those clients were male; 9 (27.5%) were African American and 15 (62.5%) were White. The average age of all 24 clients was 14.4 years and the average duration of treatment to date of all clients was 10.1 months.

One half (12) of the current 24 clients have exited the program thus far. Seven (29%) of those clients exited in a manner that was unplanned. Five (21%) exited Legacy in a planned way signifying their completion of the residential portion of the program. Table 5 gives additional demographic information on the clients who are still in the residential portion of the program (including 3 who have arrived recently), those who have completed the program, and those who exited early.

Table 5.
Demographics of Participants.

	Currently in Program N=12	Successfully completed N=5	Unplanned exit N=7
Months in Program	10.61	13.99	6.75
Age at Start of Program	13.79	15.28	14.93
Most recently completed School Grade	7.18	8.4	7.28
Age at First Criminal Offense	10.72	12.40	11.57
Number of Times Arrested	3.00	3.00	1.57
Number of times in detention	3.45	3.20	4.00
Number who admitted to smoking cigarettes prior to program	5	3	4
Number who admitted to using alcohol prior to program	3	3	3
Number who admitted to using drugs prior to program	5	4	2
Victims reported when initially in program	2.17	1.40	0.50
Victims reported upon completion or exiting program	4.08	5.2	3.17

The demographic data gives one view of the 24 clients who have thus far been with Legacy. Current clients are entering Legacy at a younger age than those who have exited. The current group has not spent, as much time in detention as those who exited early but they had more charges when they were arrested and began their encounters with the legal authorities earlier. Current clients also admitted to more victims upon entry than those who have exited. Combined with those who have exited successfully, current and former clients are revealing more victims while in the program than those who exited unplanned. There is some evidence that those who are in the program are engaged in treatment: revealing more victims to date, or upon completion than those who were not successful. The pattern of involvement in treatment is also evident from a repeated measure analysis of variance of the Minnesota Multiphasic Personality Inventory-Adolescents (MMPI-A) and the Tennessee Self-Concept Scale (TSCS).

Personality evaluation

Self-report information was gathered on all clients upon their arrival in Legacy. Subsequent to that, evaluations were made at 4, 8, and 12 months following their arrival.

Being that the group is open and can exit or accept clients at numerous times, not all clients were or have been tested. Thus the repeated measures ANOVA, utilizing clients who are currently in the program (N=12) or have successfully completed the program (5) involved about one half of the 17 clients.

Average scores across three time periods (0 months, 4 months and 8 months) are presented in Table 6 for the scores that are considered statistically significant for this small sample of the total population of Legacy clients.

Table 6
Scores on selected measures.

Scale	Time 1 Intake	Time 2 4 months	Time 3 8 months	F	p< .10
MMPI Scale F:	60.56	65.67	70.78	3.58	.052
MMPI Scale 1: Hy	50.78	58.56	63.00	5.36	.016
MMPI Scale 6: Pa	58.56	64.11	67.89	3.07	.074
TSCS Total	348.56	339.10	312.8	6.70	.008
TSCS Physical Self	73.56	74.20	64.30	3.48	.056
TSCS Moral Self	71.44	71.33	63.00	4.00	.039
TSCS Personal Self	62.20	57.20	53.40	3.86	.040

Evidence for treatment taking place is offered from data in this table combined with data from the demographic table presented above. The MMPI-A scales that deal with body concerns (1) and anger, resentment and projection (6) go up in a direction that would indicate these feelings are increasing. The scales measuring self reported self esteem indicating the clients might not see themselves in as positive a light as they did upon admission. The significant increase in the admission of victims would indicate to these authors that the focus of treatment has brought about disturbing thoughts and feelings among the clients that has led to an increased awareness in their bodies, increased anger at self and others and a decrease in their positive view of themselves.

Other interpretations are also possible including the impact of staff turnover in the initial year of the program or the resentment clients may have felt for having to take the MMPI-A and self esteem inventory repeated times. The data is certainly preliminary due primarily to having only 8 of 19 clients tested on all three occasions. Due to the nature of repeated measures, any client who did not have all three administrations was eliminated from the sample.

From initial data in an earlier program, the current authors (Gillis & Simpson, 1991) found that clients had an inflated sense of self at pretesting and presented themselves with fewer problems than they actually had; thus the pretest data could be inflated due to the client's inaccurate view of himself. It is difficult to know just what this preliminary data reveal.

Conclusion

While there are numerous interpretations of the quantitative data, the true measure of the success of Legacy is in clients achieving the goal of not re-offending. To date, no client who has successfully completed the program has re-offended sexually. One is currently in lock up for 'being with the wrong' crowd, according to his court service worker and one was absent without leave from his home for two weeks; still there are no

reports of sexually acting out. Both of these clients represent one of the greatest problems we face as a treatment program: placement following treatment. Funding from the State can dictate when a 'successful' client must be terminated. Several times, including the two cases above and two others of the 5 who have completed Legacy, placement was back to the home from which the client came; a home to which we were not in favor of them returning to due to lack of supervision and lack of appropriate resources. We have tried to lobby for independent living situations that would provide clients who have no appropriate place to return a greater chance of being successful. Our follow-up efforts of weekly contact and monthly visits on our site and at their placements are not enough for clients in difficult living situations. We will continue at Project Adventure to advocate for appropriate and healthy placements for our clients as we continue to seek funding for an independent living program that can best serve their needs.

Until the time comes when all clients can transition into the healthiest of situations, we all will hope that clients can rely on the knowledge they've gained from the educational and treatment aspects of Legacy. Our hope is that the sound of "Group" echoes in their heads anytime they think of behaving in a way that violates the full value contract.

References

Bala, N. & Schwartz, I. (1993). Legal responses to the juvenile sex offender. In H.E. Barbaree, W.L. Marshall, & S.M. Hudson *The Juvenile Sex Offender* (pp. 25-44). New York: The Guilford Press

Barbaree, H.E. Hudson, S. M. & Seto, M.C. (1993). Sexual assault in society: The role of the juvenile offender. In H.E. Barbaree, W.L. Marshall, & S.M. Hudson *The Juvenile Sex Offender* (pp. 1-24). New York: The Guilford Press

Gillis, H. L. & Simpson, C. A. (1994). Working with substance abusing adolescents through Project Adventure. *Addictions Looseleaf Notebook.* Aspen: CO: Love Publishing Co.

Gillis, H. L. & Simpson, C. A. (1991). Project Choices: Adventure-based residential drug treatment for court-referred youth. *Journal of Addictions and Offender Counseling. 12*(1), 12-27.

Gillis, H.L, Simpson, CA, & Smith, S. (1995). *Attempting to seed long term change using ABC with adjudicated youth: The CO-OP and Challenge Programs of Project Adventure.* Association for Experiential Education Annual Conference, Lake Geneva, WI.

Goocher, B.E. (1994). Some comments on the residential treatment of juvenile sex offenders. *Child & Youth Care Forum, 23*(4), 243-250.

Kelly, F. J. & Baer, D. J. (1971). Physical challenge as a treatment for delinquency. *Crime and Delinquency, 17*, 437-445.

Schoel, J., Prouty, D., & Radcliffe, P. (1988). *Islands of healing.* Hamilton, MA: Project Adventure , Inc.